

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/595218
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2						
3				2		
4				2		
5				2		
6				1		
7				2		
8						
9						
10						
11				2		
12						
13				2		
14				2		
15				2		
16				2		
17				2		
18				2		
19				2		
20				1		
21				2		
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23				2		
24				2		
25				1		
26				1		
27				2		
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47						
48						
49						
50						
TOTAL IND.			2			
TOTAL DEP.			54			
TOTAL CLAIMS			58			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						